PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

i	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.						
•	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address 22046 7590 01/13/2005			Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
		ISTRATOR S CORNER ROAD - 1	ROOM 3J-219	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile Transmitted to the USPTO (703) 746-4000, on the date indicated below.			
3	HOLMDEL, NJ 07 2005 HVUONG2 00000		.0	•	Patting	Richler	(Depositor's name)
	:1501 1400.00		C		JP	atty Lieb	(Signature) 29-05 (Date)
ſ	APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
	09/501,902		Philip L. Bohann	on	11-20-1-2-2	4531	
		ENERATION OF REPEAT					
Į	APPLN. TYPE SMALL ENTITY		ISSUE FI		UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
	nonprovisional NO		\$1400	,	\$0	\$1400	04/13/2005
Į	EXAMINER		ART UN	IT C	LASS-SUBCLASS	J	
	ZIA, SYED		2131		380-044000		
	CFR 1.363). Change of correspondence address (or Change of Correspondenc Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has be recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE LUCENT TECHNOLOGIES INC. RESIDENCE: (CITY and STATE OR COUNTRY) MURRAY HILL, NJ 07974 STATE OF DELAWARE							
		assignee category or category				orporation or other private g	roup entity Government
	Ia. The following fee(s) are Issue Fee	enciosed:	46	 Payment of Fee(s): A check in the a 	mount of the fee(s) is en	nclosed.	7 727
	Publication Fee (No small entity discount permitted)			_	lit card. Form PTO-203		12-232
	Advance Order - # of Copies			The Director is Deposit Account N	hereby authorized by cumber	charge the required fee(s), or (enclose an extra	r credit any overpayment, to copy of this form).
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status.							
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application ident NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assigne interest as shown by the records of the United States Patent and Trademark Office.							cation identified above. the assignee or other party in
	Authorized Signature	au Hi	eller		Date	3-29-	05
	Typed or printed name	attu (518	bler		Registration	1 No	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.